

# Missouri Substance Abuse Counselors' Certification Board, Inc.

P.O. Box 1250  
Jefferson City, MO 65102-1250  
573-751-9211 fax 573-522-2073  
[www.modmh.state.mo.us/msaccb](http://www.modmh.state.mo.us/msaccb)

## Committee Membership Application

Name of Committee: ☐ Credentials Committee ☐ Ethics and Appeals Committee  
☐ Continued Quality Improvement ☐ CPM Evaluator (When new members are needed)

Completed the CPM as part of current certification process ☐ yes ☐ no

Name of Certified Counselor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employer and Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Region:** ☐ Central ☐ Eastern  
☐ Northwestern ☐ Southeastern  
☐ Southwestern

I affirm that the statements made in this application are accurate and complete. I give permission to the Certification Board to take any steps to verify my statements.

I agree that I shall handle information in a confidential manner in the performance of duties as a Committee Member/CPM Evaluator. Information may be discussed or shared with other Committee Members/CPM Evaluators involved in the matter, Committee Chair, Board President or designated Board Staff.

Furthermore, I agree to disqualify myself from participating in any Committee work/CPM Evaluation in which I have a conflict of interest, including past or present family member or significant other relationship; past working relationship within the same agency or current employment by the same agency; present or former counseling client; or any other special circumstances which make objectivity difficult.

\_\_\_\_\_  
Certified Counselor Signature

\_\_\_\_\_  
Date